

VZCZCXRO7995
PP RUEH DU RUEHGI RUEHJO RUEHMR RUEHPA
DE RUEHDS #0086/01 0110609
ZNR UUUUU ZZH
P 110609Z JAN 06
FM AMEMBASSY ADDIS ABABA
TO RUEHC/SECSTATE WASHDC PRIORITY 8586
INFO RUEAUSA/DEPT OF HHS WASHINGTON DC PRIORITY
RUEHGV/USMISSION GENEVA PRIORITY 3611
RUEHZO/AFRICAN UNION COLLECTIVE
RUEHLO/AMEMBASSY LONDON 2690
RUEHFR/AMEMBASSY PARIS 1683
RUEHPH/CDC ATLANTA

UNCLAS SECTION 01 OF 03 ADDIS ABABA 000086

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DEPARTMENT FOR AF/RSA, AF/E, AF/EPS, S/GAC, OES.
LONDON AND PARIS FOR AFRICA WATCHERS.

E.O. 12958: N/A
TAGS: [PREL](#) [AORC](#) [WHO](#) [SOCI](#) [AU](#)
SUBJECT: AU SOCIAL AFFAIRS COMMISSIONER ON AU HEALTH
PRIORITIES

REF: A. 05 STATE 232766

[1](#)B. 05 ADDIS ABABA 3010

[1](#)1. (SBU) Summary: The African Union's (AU) attention to social issues in Africa is one of the major issues differentiating it from its predecessor organization, the OAU, Commissioner for Social Affairs Bience Gawanas (Namibian) told DCM January 5. The AU is working with African regional economic communities (RECs) and international bodies such as the UN, WHO, and IOM to proactively address the continent's health and other social challenges. Gawanas advocated the assignment of a U.S. Health Attache to the AU to advise on overall health system strengthening in Africa (see also Ref B). On the issue of smallpox research (Ref A), AU infectious diseases point person Dr. Grace Kalimugogo indicated January 9 that "so far", World Health Assembly discussions reflect consensus that smallpox research should continue and should follow international regulations. Dr. Kalimugogo said that no African country has yet raised an objection. Smallpox points were also shared with the Office of AU Chairperson Alpha Oumar Konare and by Charge with AU Deputy Chairperson Mazimhaka. The AU faces a challenge in living up to high member state performance expectations of a "changed organization" while simultaneously equipping that new organization with functioning structures, Gawanas said. End summary.

ADDRESSING ISSUES THAT MATTER FOR AFRICA

[1](#)2. (SBU) Gawanas told DCM that the AU's advocacy on the continent's social agenda is becoming "increasingly visible." The AU seeks to advocate best practices and harmonize member state and regional agendas for social issues, she said. Gawanas stated that the AU's proactive stance in confronting African social challenges is one of the major ways in which the AU differs from its defunct predecessor organization the OAU.

[1](#)3. (SBU) Gawanas said that the AU works with several UN agencies, such as the WHO, other international bodies such as IOM, and the RECs to promote health and other social agendas. The Commission for Social Affairs is working to increase its own understanding of other health-related programs on the continent. The AU is also working on a more structured relationship with the RECs, which have only just started

taking on social issues, Gawanas noted. Gawanas said that the AU works with the RECs to advocate best practices and attract capacity-building assistance to pursue proactive social agendas. RECs are often better at program implementation, Gawanas noted, and each region has its own disease burden. Gawanas said that the AU is also redefining partnerships with international organizations and seeking more close coordination with those bodies.

14. (SBU) In terms of specific agendas, Gawanas said that the AU is working on the development of an African Common Position on HIV/AIDS linked to the plan of action on HIV/AIDS, malaria and tuberculosis that was adopted at the January 2005 AU Summit in Abuja. The AU Commission also provides the secretariat for AIDS Watch Africa (AWA), she said. While Gawanas was not familiar with the International Partnership on Avian and Pandemic Influenza (IPAPI), she said that the Commission of Agriculture and Rural Development tracks the animal side of the issue and that AU Commission Chairperson Konare views avian influenza preparedness as a priority. Gawanas said that polio eradication is a priority program for 2006, and the AU intends to step up its advocacy campaign. Gawanas lamented that the threat posed by malaria to the continent's health and productivity has been overshadowed by HIV/AIDS, but said the Commission is dedicated to an anti-malaria agenda. The AU was also mandated by African heads of state to develop a pharmaceutical plan for Africa following the results of a WHO study to map the current state of play, Gawanas said. Gawanas noted that the AU is conducting an in-depth study of an Egyptian proposal to create a Center of Excellence for Infectious Diseases and Epidemic Surveillance to better understand the implications of establishing the Center and AU capacity to run it.

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NEED SOME HELP FROM FRIENDS

15. (SBU) Gawanas noted that her Commission is staffed with seven people (including herself) charged with promoting agendas on infectious diseases; health, population and nutrition; migration, labor and employment; social welfare; culture and sports; and serving as the AWA secretariat. The AU needs to build strong partnerships to succeed, she stated.

16. (SBU) In that vein, Gawanas noted that she would welcome the assignment of a U.S. Health Attache to the AU. The AU would look to the health attache for guidance and advice as it pursues health system strengthening at the member state level, Gawanas said. (Note: See also Ref B, in which Post supports the AU's initial request for a Health Attache. End note.)

17. (SBU) Gawanas told DCM that the AU would benefit from the opportunity to attend short training courses on specific health or other social issues to build AU staff capacity. She said her staff would also welcome visits by U.S. experts as they pass through Addis. Gawanas stated that she is developing a training program. DCM shared AF/EPS-provided fact sheets on USG efforts related to HIV/AIDS, malaria, education, and women's justice with Gawanas.

INSTITUTIONAL TRANSFORMATION

18. (SBU) Gawanas, who is also Konare's point person for overall AU institutional transformation, said that transformation from OAU to AU systems, processes, and outlook is a long process. Institutional Transformation focuses on the AU Commission itself, rationalization of the RECs and specialized agencies, and AU governance, including the Commission's relationship with other AU organs such as the

Pan African Parliament and Peace and Security Council.

¶9. (SBU) As a first step focusing on the AU Commission, Gawanas said, the AU mobilized staff at headquarters and AU regional offices to highlight what is new about the AU as opposed to the OAU. The AU will initiate staff induction training, including elements of diversity and gender awareness. The AU is also undertaking a "diagnosis" of support structures at headquarters, to be followed by action plans to improve matters, Gawanas stated. She noted that any given department in the AU Commission can only be as effective as the support it gets from administration, finance, conference services, and other support offices. (Note: A group of EU partners is funding an "institutional" assessment of the AU aimed at improving administrative and financial management capability to eventually allow more flexible funding options. End note.)

¶10. (SBU) Gawanas commented that the AU needs a full-time change management team to drive the process of institutional transformation. AU employees and AU member states have high expectations and want to see deliverables, she said. Gawanas said that the AU's challenge is to meet member state performance expectations of a "changed organization" while simultaneously working to build that new organization from within.

SMALLPOX RESEARCH

¶11. (SBU) Per Ref A instructions, DCM shared with Gawanas the nonpaper on retaining variola virus stocks. Charge also shared points with AU Deputy Chairperson Mazimhaka (no immediate response) and delivered them to AU Commission Chairperson Konare's office (Konare has been out of town). AU infectious diseases point person Dr. Grace Kalimugogo told Poloff January 9 that World Health Assembly debates thus far reflect a common position that smallpox research should continue, and should follow international regulations. She had no indication that any African member states have dissenting views.

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¶12. (SBU) Kalimugogo acknowledged the U.S. points, but said that member states had not asked the AU Commission to arrange a separate discussion of smallpox research. She said that a first step towards developing a common African position on smallpox research or retention of variola virus stocks would be for the AU to convene a meeting of ministers of health to make policy recommendations. The next ordinary session of ministers of health is in 2007, but member states could always request an extraordinary meeting.

HUDDLESTON